ALABAMA MEDICAID REFERRAL FORM PHI-CONFIDENTIAL

Today's	Date	

Date Referral Begins _____

Important NPI Information See Instructions

MEDICAID RECIPIENT INFORMATION				
Recipient Name	Recipient #	Recipient DOB		
Address	Telephone # with Are	Telephone # with Area Code		
	Name of Parent/Gua	rdian		
Primary Physician (PMP)	Screening Provider	Screening Provider If Different From Primary Physician (PMP)		
Name	Name	Name		
Address	Address	Address		
Telephone # with Area Code	Telephone # with Ar	Telephone # with Area Code		
Fax # with Area Code		Fax # with Area Code		
Provider NPI #		EmailProvider NPI #		
Signature		Signature		
Type of Referral				
□ Patient 1 st □ EPSDT Screening Date □ Case Management/Care Coordination	□ Lock-in □ Patient 1st/EPSD □ Other	□ Patient 1st/EPSDT Screening Date		
Length of Referral	·			
Referral Valid for month(s) or visit(s) from date referral begins.				
Referral Valid For				
 Evaluation Only Evaluation and Treatment Referral by consultant to other provider for identified condition (cascading referral) Referral by consultant to other provider for additional conditions diagnosed by consultant (cascading referral) 		□ Treatment Only □ Hospital Care (Outpatient) □ Performance of Interperiodic Screening (if necessary)		
Reason for Referral	Other Conditions/	Diagnoses		
By Primary Physician (PMP)		ary Physician (PMP)		
Consultant Information				
Consultant Name				
Address	Consultant Telephon	e # with Area Code		
	·			
Note: Please submit written report of findings including the date of examination/service, diagnosis, and consultant signature to Primary Physician (PMP).				
Findings should be submitted to primary physician (PMP) by				
□ Mail □ E-mail □ Fa	ax □ In addi	tion, please telephone		

Instructions for Completing The Alabama Medicaid Agency Referral Form (Form 362)

Today's Date: Date form completed

REFERRAL DATE: Date referral becomes effective

RECIPIENT INFORMATION: Patient's name, Medicaid number, date of birth, address, telephone number

and parent's/guardian's name

PRIMARY PHYSICIAN:* Provide all PMP information. Must be signed by Primary Physician (PMP) or designee

Screening Provider:* Screening provider (if different from Primary Physician) must complete and sign if the

referral is the result of an EPSDT screening

*NPI Information: Referrals effective February 23, 2008 or later MUST indicate the NPI number...

Type of Referral:

Patient 1st - Referral to consultant for Patient 1st recipient only (See *Chapter 39 for Claim Filing Instructions).

- ◆ EPSDT Referral resulting from an EPSDT screening of a child **not in** the Patient 1st program indicate screening date (See *Appendix A for Claim Filing Instructions).
- Case Management/Care Coordination Referral for case management services through Patient 1st Care Coordinators (See *Chapter 39 for Claim Filing Instructions).
- ◆ Lock-In Referral for recipients on lock-in status who are locked in to one doctor and/or one pharmacy (See *Chapter 3 -3.3.2 for Claim Filing Instructions).
- ◆ Patient 1st/EPSDT Referral is a result of an EPSDT screening of a child that is in the Patient 1st program indicate screening date (See *Appendix A for Claim Filing Instructions).
- ◆ Other For recipients who are not in Patient 1st program.

LENGTH OF REFERRAL: Indicate the number of visits/length of time for which the referral is valid.

Note: Must be completed for the referral to be valid.

REFERRAL VALID FOR:

- Evaluation Only Consultant will evaluate and provide findings to Primary Physician (PMP).
- Evaluation and Treatment Consultant can evaluate and treat for diagnosis listed on the referral.
- Referral By Consultant to Other Provider For Identified Condition (Cascading Referral) After evaluation, consultant may, using Primary Physician's (PMP) provider number, refer recipient to another specialist as indicated for the condition identified on the referral form.
- Referral By Consultant To Other Provider For Additional Conditions Diagnosed By Consultant (Cascading Referral) – Consultant may refer recipient to another specialist for other diagnosed conditions without having to get an additional referral from the Primary Physician (PMP).
- ◆ Treatment Only Consultant will treat for diagnosis listed on referral.
- Hospital Care (Outpatient) Consultant may provide care in an outpatient setting.
- ◆ Performance of Interperiodic Screening (if necessary) Consultant may perform an interperiodic screening if a condition was diagnosed that will require continued care or future follow-up visits.

REASON FOR REFERRAL BY PRIMARY PHYSICIAN (PMP): Indicate the reason/condition the recipient is being referred.

OTHER CONDITIONS/DIAGNOSIS IDENTIFIED BY PRIMARY PHYSICIAN: Indicate any condition present at the time of initial exam by PMP.

Consultant Information: Consultant's name, address and telephone number.

PLEASE SUBMIT FINDINGS TO PRIMARY PHYSICIAN BY: The Primary Physician (PMP)should indicate how he/she wants to be notified by the consultant of findings and/or treatment rendered.

^{*&}quot;The Alabama Medicaid Provider Manual" is available on the Alabama Medicaid website